



PATENT APPLICATION  
DOCKET NO. 1818-1022-001  
Former Docket No. 1818-1022-001

RECEIVED

JUN 05 2001

TECH CENTER 1600/2900

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Jonathan S. Stamler and Andrew J. Gow  
Application No.: 08/874,992 Group: 1627  
Filed: 12 June 1997 Examiner: Bennett Celsa  
For: NO-Modified Hemoglobins and Uses Therefor

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231	
on <u>5/29/01</u>	<u>K. Bastarache</u>
Date	Signature
Kathleen M. Bastarache	
Typed or printed name of person signing certificate	

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is a Reply for filing in the above-identified application.

[X] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.

[ ] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)	(COL. 2)	(COL. 3)	(COL. 4)	(COL. 5)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	16	MINUS	* 52	0
INDEP	14	MINUS	** 35	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY	
RATE	ADDIT. FEE
X \$9	\$
X \$40	\$
+ \$135	\$

OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE
X \$18	\$
X \$80	\$
+ \$270	\$

OR

\* not fewer than 20  
\*\* not fewer than 3

TOTAL = \$ 0

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [            ] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>0</u>

A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [            ] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>0</u>

☒ A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Carol A. Egner  
Carol A. Egner  
Registration No.: 38,866  
Telephone: (781) 861-6240  
Facsimile: (781) 861-9540

Lexington, Massachusetts 02421-4799

Dated: May 29, 2001